

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> 'Ano 'Ano, L.L.C.	<b>CHAPTER 100.1</b>
<b>Address:</b> 54-2489 Kynnersley Road, Lot C, Kapaau, Hawaii, 96755	<b>Inspection Date:</b> August 29, 2019 – Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	NO DEFICIENCIES	NOT APPLICABLE (NA)	NA